

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1445 Ross Avenue



(Check if address is changed)

Suite 1400

Dallas

CITY ▲

TX

STATE ▲

75202-2703

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

brock.phillips@tenethealth.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

M M / D D / Y Y Y Y Y Y
12 / 18 / 2013

3. FEC IDENTIFICATION NUMBER ►

C C00119354

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer Mr. Todd Plott

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 18 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)